

PROVIDER INTRODUCTORY LETTER

Date: _____
Employer Name: _____ (Commonwealth of Kentucky)
Employer Telephone # _____

Dear Provider:

_____, is coming to you for an initial visit as an employee of _____ who is a participant in the Concentra Managed Health Care Plan (MHCP) of Kentucky. Please note that this letter does not confirm that the injury or condition is covered by workers' compensation insurance. That determination will be made as soon as an investigation is completed by the workers compensation insurance carrier.

As the employer we are working closely with the Concentra MHCP and the involved medical providers of the FOCUS Network to ensure that our employees receive access to timely and medically necessary treatment for their industrial injuries. In the best interest of our employees, we often have modified work available, which would allow the employee to return to work at the earliest possible date. Please keep this in mind as you treat our employee.

**Please Contact Concentra Utilization & Case Management at CCMSI
1-866-361-6899**

When One Of The Following Occurs:

- | | |
|--|-------------------------------------|
| 1. Anticipated Disability in Excess of Seven days | 6. Hospitalization |
| 2. Prior Disability, by History, of the Same Body Part | 7. Anticipated Surgery |
| 3. Fracture of a Major Bone/Non-Union Fracture | 8. Treatment Plan to exceed 2 weeks |
| 4. Anticipated Permanent Disability | 9 Physical Therapy Recommended |
| 5. Referral to a Provider | |

All **claims for treatment** must be submitted to the claims administrator (Cannon Cochran Management Services, Inc.) on the appropriate form required by the state. Please submit all medical reports within the time frame required by the applicable state law. Billing for your services should be sent to CCMSI, P.O. Box 43909, Louisville, KY, 40253

Should you have any questions regarding your participation in the network, please refer to the FOCUS Provider Network Manual, or contact your Provider Relations Representative at 1-800-243-2336.

Sincerely,

Employer Representative

*****IMPORTANT NOTICE *****
EMERGENCY ROOMS, HOSPITALS, PHYSICIANS AND URGENT CARE CENTERS

If the patient requires a referral to a specialist, the claims administrator suggests that you consult The FOCUS Workers' Compensation Preferred Provider Network Directory provided to participating physicians and hospitals; or contact The Concentra Managed Health Care Plan (MHCP) directory information number, **1-866-361-6899**.